

Date-----

Alpine Card Service
Kathmandu, Nepal.

Reference: Authorization for the payment by credit card.

I would like to pay ----- for the purpose of
_____ to M/S Adventure Zone Trekking & Expedition (P.) LTD.
Thamel Kathmandu, Nepal by my Visa/Master card.

The necessary details for these transactions are as below:

Card Number (Hand written)-----

Date of expiry-----

Identification Number ----- (Passport number)

Amount:

In words-----

In figure-----

Billing Address----- (Home Address)

Kindly receive the copy of my credit card (both sides) and the copy of my identification (Passport) along with this request letter.

Thank you for your kind co-operation!!

Regards,

Signature of the card holder -----

Name of the Card Holder-----

(Please fill up the form and send it by e-mail or fax together with the copy of credit card and passport. E-mail: aztrek@wlink.com.np or Fax 00977-1-4248972.)